

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			3/7/00

INDEX OF CLAIMS

Rejected _____ N _____ Non-elected
 Allowed _____ I _____ Interference
 Canceled _____ A _____ Appeal
 Restricted _____ O _____ Objected

Claim	Final	Original	Date
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If more than 150 claims or 10 actions staple additional sheet here

BEST AVAILABLE COPY